

Using Federal Agency Documents in a GAO Report

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Background on the Medicaid Program

- Provides Health Care Coverage to Low-Income Americans
 - Home and Community Based Services (HCBS)
 - Provides services to the disabled such as, assistance with daily living activities such as eating, dressing, and bathing
- Federal-State Partnership
 - Centers for Medicare and Medicaid Services (CMS) oversees the Medicaid program
 - States administer and operate their Medicaid programs

Medicaid in COVID-19

- CMS allowed states to make temporary changes to their Medicaid programs to help states respond to COVID-19
- Temporary Changes designed to allow states to continue to provide services while, limiting in-person contact
 - Examples of Temporary Changes:
 - Increase Payment Rates to Providers
 - Allowed Services to be Delivered Virtually

What temporary changes are states making to their Medicaid programs? How are they applying these changes?

- To implement temporary changes to their Medicaid programs, states submit an application to CMS
- These applications are available [online](#)
- Examples from Massachusetts and Washington for the temporary change: Increasing Payment Rates to Providers

Do both Massachusetts and Washington want to increase payment rates for providers? If so, how much is the rate of increase?

- Text from Massachusetts Application:

- “Increasing the Limit for Enhanced Rates for Residential Services from 10% authorized under the state’s Appendix K request approved on April 29, 2020, to 25% of historic average monthly billing”¹

- Text from Washington Application:

- “To effectively respond to COVID-19, the state requires the flexibility to adjust providers’ rates if deemed necessary, the state may reimburse provides with an additional add-on COVID-19 rate. This may apply to all services available under the approved waiver as determined by the state on a case by case basis when an increase rate is deemed necessary to maintain services due to risk factors associated with COVID-19. Negotiated COVID add-on rate will be based on current market factors and verified additional cost incurred by the provider. The add-on rate will be determined by the state but may not exceed 25% of the provider’s current rate.”²

- ANALYSIS: Both states want to increase payment rates for providers’, but they vary in their approaches.

- Massachusetts wants to increase payment rates between 10% to 25% for providers of residential services .
- Washington wants to increase payment rates for providers to no more than 25%

¹Department of Health and Human Services, Centers for Medicare & Medicaid Services, “Massachusetts Combined 1915 (c) Appendix K Application” (Baltimore, MD, 2020), 5, accessed October 31, 2021. <https://www.medicaid.gov/state-resource-center/downloads/ma-combined-2-appendix-k-appvl.pdf>.

²Department of Health and Human Services, Centers for Medicare & Medicaid Services. “Washington COPEs 1915 (c) Appendix K Application” (Baltimore, MD, 2020), 5. accessed October 31, 2021. <https://www.medicaid.gov/state-resource-center/downloads/wa-0049-appendix-k-appvl.pdf>.

Translating Technical Information into Plain Language

Text from Massachusetts Application

“Increasing the Limit for Enhanced Rates for Residential Services from 10% authorized under the state’s Appendix K request approved on April 29, 2020, **to 25%** of historic average monthly billing.”¹

Text in Table in GAO Report

Increases range from 10 to 25 percent depending on the type of services.³

³U.S. Government Accountability Office, *Medicaid Home-and Community-Based Services: Evaluating COVID-19 Response Could Help CMS Prepare for Future Public Health Emergencies*, GAO-21-104401 (Washington, D.C., 2021), 12, accessed October 31, 2021, <https://www.gao.gov/products/gao-21-104401>.

Text from Washington Application

“To effectively respond to COVID-19, the state requires the flexibility to adjust providers’ rates if deemed necessary, **the state may reimburse providers with an additional add-on COVID-19 rate. This may apply to all services** available under the approved waiver as determined by the state on a case by case basis when an increase rate is deemed necessary to maintain services due to risk factors associated with COVID-19. Negotiated COVID add-on rate will be based on current market factors and verified additional cost incurred by the provider. **The add-on rate** will be determined by the state but **may not exceed 25% of the provider’s current rate.**”²

Text in Table in GAO Report

Providers of certain services can receive a payment increase up to 25 percent.³

³U.S. Government Accountability Office, *Medicaid Home-and Community-Based Services: Evaluating COVID-19 Response Could Help CMS Prepare for Future Public Health Emergencies*, GAO-21-104401 (Washington, D.C., 2021), 12, accessed October 31, 2021, <https://www.gao.gov/products/gao-21-104401>.

Sources

1. Department of Health and Human Services. Centers for Medicare & Medicaid Services. "Massachusetts Combined 1915 (c) Appendix K Application." Baltimore, MD: 2020. Accessed October 31, 2021. <https://www.medicaid.gov/state-resource-center/downloads/ma-combined-2-appendix-k-appvl.pdf>.
2. Department of Health and Human Services. Centers for Medicare & Medicaid Services. "Washington COPES 1915 (c) Appendix K Application." Baltimore, MD: 2020. Accessed October 31, 2021. <https://www.medicaid.gov/state-resource-center/downloads/wa-0049-appendix-k-appvl.pdf>.
3. U.S. Government Accountability Office. *Medicaid Home-and Community-Based Services: Evaluating COVID-19 Response Could Help CMS Prepare for Future Public Health Emergencies*. GAO-21-104401. Washington, D.C., 2021. Accessed October 31, 2021. <https://www.gao.gov/products/gao-21-104401>.